



Patient Financial Policy

Patient Name (Please Print): _____

Insured Name (Please Print): _____

Primary Insurance: _____

Secondary Insurance: _____

Charges for all professional services rendered are the responsibility of the patient. This includes EKG, Laboratory Tests, Ultrasound and DEXA Bone Density Scan. Regardless of Insurance coverage, payment is necessary at the time of services rendered, unless other arrangements have been made with your physician. The billing office will submit claims on your behalf, to your insurance provider. Any outstanding balance will be due in full within 60 days from billing. After 60 days, any outstanding balance may be referred to our collection attorney. Interest and penalties may be applied for all current and past debt amounts.

In addition to the principle amount owed, you agree to pay 33.33% of the unpaid balance as collection fees if your account is turned over to a collection agency. You further agree to pay reasonable attorney fees and court costs arising out of any litigation concerning the collection of your account.

You authorize release of any medical information to your insurance carrier for the purpose of assessing your claim benefits. You understand and agree that you will pay for any charges incurred on your behalf including cost of collection, legal fees, and court costs. You understand that you are responsible for all deductible, co-insurance and co-pays.

You authorize your insurance company to directly reimburse my physician dba: Hinsdale & Oak Brook Women’s Clinic, any and all benefits due to you for medical services provided.

In order that we prepare for your appointment, we require a minimum of 24 hours’ notice for cancellation or rescheduling. A \$50.00 fee will be charged to your account for noncompliance to this policy.

I have read and understand all the above. The information I have provided is true and accurate.

Patient Signature: _____

Date: _____